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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

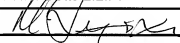
Total Number of Pages in This Submission

|                        |                              |
|------------------------|------------------------------|
| Application Number     | 10/018,116                   |
| Filing Date            | 12/14/2001                   |
| First Named Inventor   | Fabian                       |
| Art Unit               | 1764                         |
| Examiner Name          | Duong, Thanh P.              |
| Attorney Docket Number | 066340.0139 (A34873 PCT USA) |

**ENCLOSURES (Check all that apply)**

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Request for Interview |
| Remarks _____   |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Baker Botts L.L.P.  |          |        |
| Signature    |  |          |        |
| Printed name | Manu J. Tejwani   |          |        |
| Date         | 03/10/2008  | Reg. No. | 37,952 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |  |      |  |
|-----------------------|--|------|--|
| Signature             |  |      |  |
| Typed or printed name |  | Date |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 120

## Complete if Known

|                      |                              |
|----------------------|------------------------------|
| Application Number   | 10/018,116                   |
| Filing Date          | 12/14/2001                   |
| First Named Inventor | Fabian                       |
| Examiner Name        | Duong, Thanh P.              |
| Art Unit             | 1764                         |
| Attorney Docket No.  | 066340.0139 (A34873 PCT USA) |

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: **02-4377**  
Deposit Account Name: **Baker Botts L.L.P.**

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

### FEE CALCULATION

#### Extra Claim Fees

|                    | Extra Claims                     | Fee                              | Fee Paid                         |
|--------------------|----------------------------------|----------------------------------|----------------------------------|
| Total Claims       | <input type="text" value="50"/>  | <input type="text" value="50"/>  | <input type="text" value="\$0"/> |
| Independent Claims | <input type="text" value="210"/> | <input type="text" value="210"/> | <input type="text" value="\$0"/> |
| Multiple Dependent | <input type="text" value=""/>    | <input type="text" value=""/>    | <input type="text" value="\$0"/> |

**SUBTOTAL**

#### Fee Description

| Fee Description                       | Large Entity                     | Small Entity                     |
|---------------------------------------|----------------------------------|----------------------------------|
| Claims in excess of 20                | <input type="text" value="50"/>  | <input type="text" value="25"/>  |
| Independent claims in excess of 3     | <input type="text" value="210"/> | <input type="text" value="105"/> |
| Multiple dependent claim, if not paid | <input type="text" value="370"/> | <input type="text" value="185"/> |

### FEE CALCULATION (continued)

#### ADDITIONAL FEES

|  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Surcharge - late oath or filing fee               | <input type="text" value=""/>      |
| <input type="checkbox"/> Non-English Specification                         | <input type="text" value=""/>      |
| <input checked="" type="checkbox"/> Extension for reply within first month | <input type="text" value="\$120"/> |
| <input type="checkbox"/> Extension for reply within second month           | <input type="text" value=""/>      |
| <input type="checkbox"/> Extension for reply within third month            | <input type="text" value=""/>      |
| <input type="checkbox"/> Extension for reply within fourth month           | <input type="text" value=""/>      |
| <input type="checkbox"/> Extension for reply within fifth month            | <input type="text" value=""/>      |
| <input type="checkbox"/> Notice of Appeal                                  | <input type="text" value=""/>      |
| <input type="checkbox"/> Filing a brief in support of an appeal            | <input type="text" value=""/>      |
| <input type="checkbox"/> Petition to revive - unavoidable                  | <input type="text" value=""/>      |
| <input type="checkbox"/> Petition to revive - unintentional                | <input type="text" value=""/>      |
| <input type="checkbox"/> Utility Issue Fee                                 | <input type="text" value=""/>      |
| <input type="checkbox"/> Design Issue Fee                                  | <input type="text" value=""/>      |
| <input type="checkbox"/> Publication Fee                                   | <input type="text" value=""/>      |
| <input type="checkbox"/> Petitions to the Commissioner                     | <input type="text" value=""/>      |
| <input type="checkbox"/> Request for Continued Examination (RCE)           | <input type="text" value=""/>      |
| <input type="checkbox"/> Information Disclosure Statement (IDS)            | <input type="text" value=""/>      |
| Other fee -  | <input type="text" value=""/>      |

**SUBTOTAL** (\$ 120

#### SUBMITTED BY

Name (Print/Type) **Manoj J. Tewani**

Registration No. (Attorney/Agent)

**37,952**

(Complete if applicable)

Telephone **212-408-2500**

Signature

Date **03/10/2008**

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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|   |  |   |
|---|--|---|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> |  | Docket Number (Optional)<br><b>066340.0139 (A34873 PCT U)</b> |
| Application Number <b>10/018,116</b>  |  | Filed <b>12/14/2001</b>                                       |
| For <b>Waste Gas Cleaning System</b>  |  |   |
| Art Unit <b>1764</b>  |  | Examiner <b>Duong, Thanh P.</b>                               |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|   | Fee    | Small Entity Fee |                  |
|---|--------|------------------|------------------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120  | \$60             | \$ <u>120.00</u> |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$460  | \$230            | \$ _____         |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$1050 | \$525            | \$ _____         |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$1640 | \$820            | \$ _____         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$2230 | \$1115           | \$ _____         |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4377. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 37,952

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

\_\_\_\_\_  
Signature

**Manu J. Teiwani**  
Typed or printed name

\_\_\_\_\_  
03/10/2008  
Date

\_\_\_\_\_  
212-408-2500  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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